

Living Well 2020 Cross-Site Evaluation

GEORGIA Living Well Grantee Profile



The [University of Georgia Institute on Human Development and Disability](#) (UGA IHDD) received the five-year Living Well grant in 2017.

2017 – 2018	2018 – 2019	2019 – 2020	2020 – 2021	2021 – 2022
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I. Grant Background

A. Grant Context and Purpose

Between 1998 and 2016, the number of people with intellectual and developmental disabilities (I/DD) living in facility settings decreased 39 percent, while the number of people in small group settings of four to six people increased 80 percent. During the same period, the number of people with I/DD living in their own home increased 126 percent, and the number of people living in a host or foster home increased by 132 percent.¹ People with I/DD who live in home and community-based service (HCBS) settings are more likely than people with I/DD living in institutional settings to make their own choices, have friends who are not paid staff, and have a paid job in the community.² Despite these positive outcomes, variations in access to and quality of HCBS across the country can put the well-being of people with I/DD living in their communities at risk. A recent series of Office of Inspector General (OIG) reports identified significant gaps in the reporting of and response to critical incidents in group homes.³

To address these pressing needs, the Administration for Community Living (ACL)⁴ issued Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of HCBS for Individuals with I/DD (Living Well) grants, with two key goals:

- Increase community integration and independence of individuals with I/DD; and
- Improve the quality of HCBS.

ACL awarded eight five-year grants across two cohorts to identify, develop, and evaluate model approaches which address two interrelated core components by incorporating eight key features. ACL administers Living Well grants through the Projects of National Significance (PNS) program. Funded under Subtitle E in the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), PNS create and enhance opportunities for people with developmental disabilities (DD) to contribute fully in all aspects of community life. Further, PNS support the development of national and state policies that promote independence, integration, and inclusion in community life.

In 2020, the COVID-19 pandemic exacerbated many of the challenges faced by individuals with I/DD living in HCBS settings and the systems that support them, including concerns about health and safety, abuse and neglect, and social isolation. While the COVID-19 pandemic was not anticipated when ACL awarded Living Well grants, the public health crisis magnified gaps in effective systems of community monitoring for individuals with I/DD and provided opportunities for grantees to rapidly respond to local and state needs.

B. Two Core Components

Grantees address two core components with their Living Well model(s).

- **Community Monitoring:** Development and implementation of a coordinated system utilizing multiple community and state level partners for monitoring the safety, health, and well-being of individuals with intellectual and

1 Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., & Bourne, M.L. (2018). In-home and residential long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2016. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

2 Human Services Research Institute (HSRI) and National Association of State Directors of Developmental Disabilities Services (NASDDDS). (2019). National Core Indicators In-Person Survey: 2017-2018 Final Report.

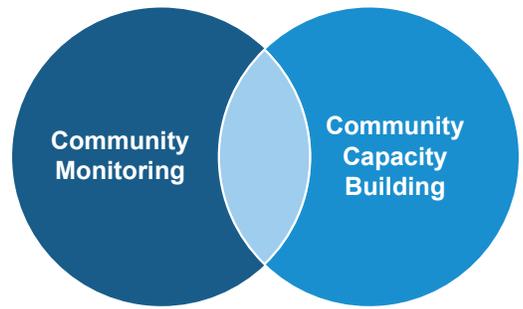
3 Office of Inspector General, Department of Health and Human Services. (2016). Massachusetts did not comply with federal and state requirements for critical incidents involving developmentally disabled Medicaid beneficiaries.

4 The Administration on Intellectual and Developmental Disabilities (AIDD) oversaw the Living Well grants when they were awarded in 2017 and 2018. The Administration on Disabilities (AoD) now provides oversight to the grants within ACL.

developmental disabilities living in a variety of community settings. The purpose is to identify and eliminate the risk factors for tracking, redressing and preventing abuse, neglect and exploitation in community settings;

- **Community Capacity Building:** Application of evidence based practices and innovative strategies focusing on improving services that support people with developmental disabilities living in the community or those moving to the community from a more restrictive setting; access to and quality of community services through capacity building and scaling of evidence based and other promising practices; reducing and mitigating the incidence of and risk factors for abuse and neglect; and supporting empowerment, self-determination, self-advocacy, and an individual's independence, autonomy and right to live alongside their non-disabled neighbors.⁵

Exhibit 1. Core Components of Living Well Models



C. Eight Key Features

Grantees incorporate eight key features into their Living Well models.

Exhibit 2. Eight Key Features of Living Well Models

 <p>Partnerships</p> <p>Initiation and coordination of partnerships or coalitions with local and state-level organizations, agencies, and other relevant stakeholders, including at least one-self advocacy organization, in the design, implementation, and replication of grantee activities</p>	 <p>Meaningful and active engagement with self-advocates and families</p> <p>Continuous, meaningful, and active engagement of self-advocates and family members throughout the life cycle and in all stages of the project</p>	 <p>Evidence based practices for service improvements</p> <p>Use of evidence based and innovative strategies to (1) improve access to and quality of community services, (2) reduce and mitigate abuse and neglect, and (3) support empowerment, self-determination, and self-advocacy</p>	 <p>Building capacity of DSPs and HCBS providers</p> <p>Prevention-based tools and technical assistance to address common needs, such as changing the 'culture of abuse and neglect' in HCBS settings and transferring knowledge of positive behavior</p>
 <p>Reducing abuse and neglect through community monitoring</p> <p>Collection, analysis, and dissemination of data to develop and implement coordinated community monitoring that builds on existing local or state infrastructure and partnerships</p>	 <p>Addressing health and safety with data tools</p> <p>Data tools and evidence based practices for monitoring high-risk individuals and addressing reoccurring issues of health and safety concerns</p>	 <p>Program and outcome evaluation</p> <p>Process and outcome evaluation to analyze delivery and impact of project activities</p>	 <p>Sustainability</p> <p>Assurance of organizational, financial, and/or community stability to continue and refine grantee work</p>

⁵ Living Well-Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community Based Services for Individuals with Developmental Disabilities; HHS-2017-ACL-AOD-DNIQ-0221. <https://acl.gov/grants/living-well-model-approaches-enhancing-quality-effectiveness-and-monitoring-home-and-1>

D. Grantees and Partnerships

ACL awarded grants in two cohorts, with the first cohort of three grantees beginning in September 2017. The second cohort of five grantees began their five-year grants in September 2018.

Exhibit 3. Living Well State Grantees by Cohort

2017	1	Cohort 1	2018	2	Cohort 2
		University of Georgia Institute on Human Development			Alaska Governor's Council on Disabilities and Special Education
		University of New Hampshire Institute on Disability			University of Idaho Center on Disabilities and Human Development
		Virginia Commonwealth University Partnership for People with Disabilities			Indiana Family and Social Services Administration
					University of Missouri-Kansas City Institute for Human Development
					Wisconsin Board for People with Developmental Disabilities

The grant requires partnerships among, at minimum:

- One Protection and Advocacy System, State Developmental Disabilities Council, or University Center for Excellence in Developmental Disabilities; and,
- At least one state agency (state I/DD agency, state Medicaid agency, self-advocacy organization, consumer-controlled organizations, or family-led organizations). Additional partnerships are strongly encouraged.

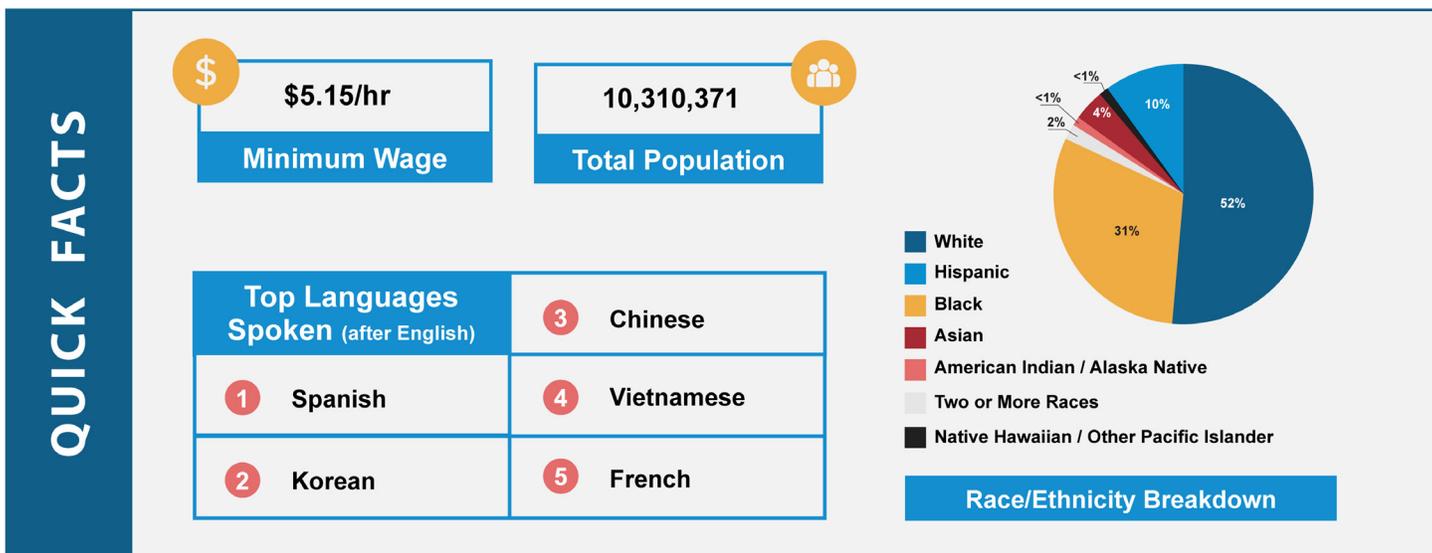
II. Grantee Information

The UGA IHDD was established and has been a part of the University Center for Excellence in Developmental Disabilities Education, Research, and Service network since 1969. The UGA IHDD works to create opportunities to improve the quality of life for people with disabilities and their families through education, research, and public service. Areas of focus include assistive technology, employment, friendships and community membership, family support, human rights, and research and evaluation.

The UGA IHDD provides a range of supports and services through various projects, including Living Well. Other projects include [AgrAbility](#), which focuses on promoting independence for members of the agricultural community who have disabilities; [Advancing Employment](#), which is dedicated to making Georgia a community for inclusive employment; [Take a Look at Me™ and Welcome to My World™](#), which are interactive portfolios designed to engage individuals and/or family members as they identify strengths, interests, and preferences; and efforts to implement policy, including support of the [HCBS Settings Rule](#).

III. Grantee Partnerships

The UGA IHDD partners with key stakeholders on their Living Well grant (collectively, the Georgia Living Well team) including, but not limited to, the Georgia Advocacy Organization, Georgia Council on Developmental Disabilities, Georgia Department of Behavioral Health and Developmental Disabilities, and People First of Georgia.



IV. State Context

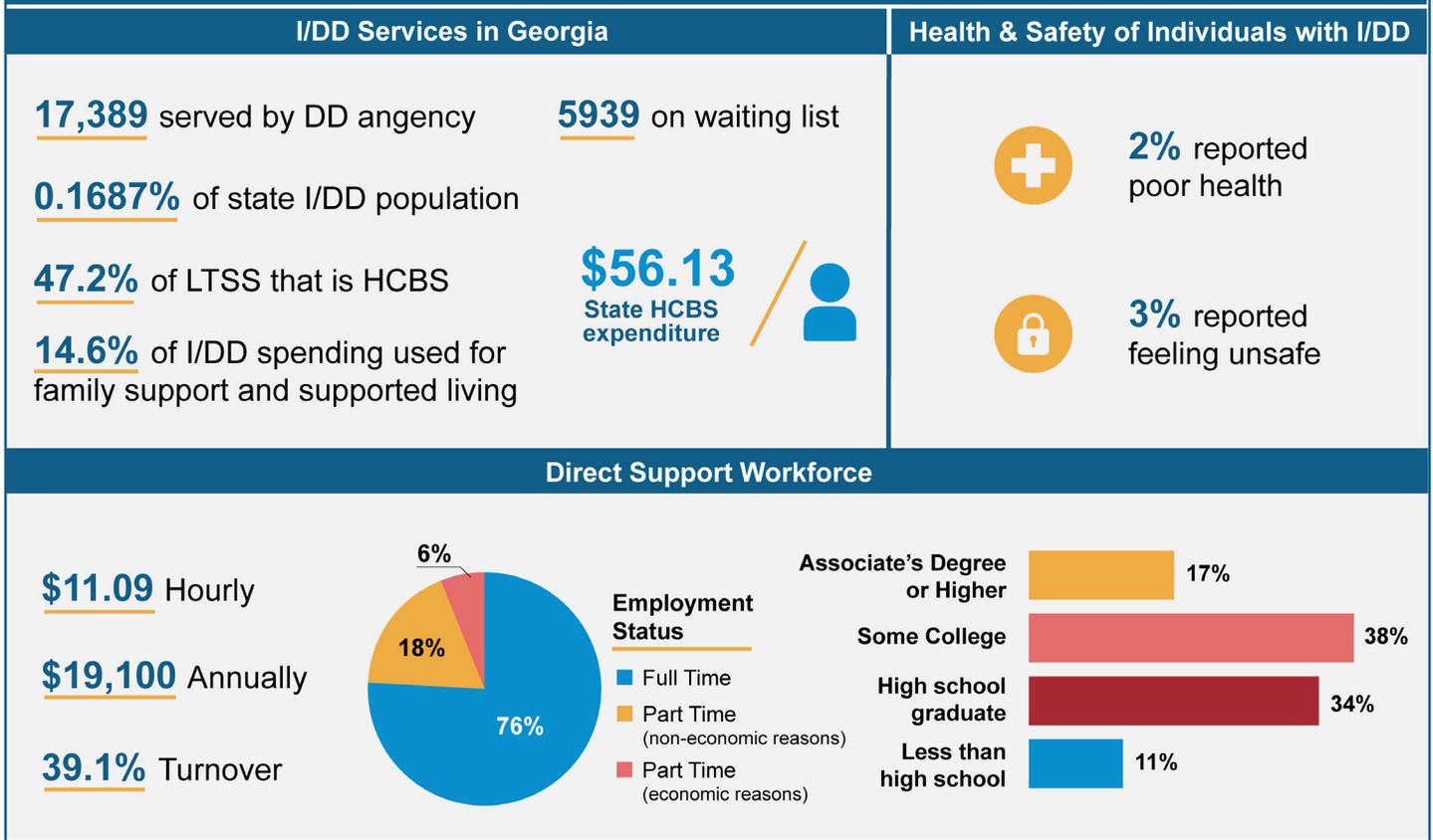
Variations in access to quality home and community-based services (HCBS) occur, in part, due to varying demographic, economic, political, and historical factors in each state. Key contextual factors are described here to better understand UGA IHDD’s external conditions for their Living Well model. The COVID-19 pandemic rapidly evolved during the 2019-2020 evaluation cycle with significant impact on the delivery of HCBS and the health and safety of individuals with intellectual and developmental disabilities (I/DD). The pandemic response influenced both how and the extent to which grantees implemented grant activities as planned and the local and state context in which the grant is being implemented.

Georgia elected a new Governor in 2019, which brought new leadership and priorities to the Department of Behavioral Health and Developmental Disabilities (DBHDD). In the wake of the COVID-19 pandemic, a new budget was signed into law as of June 30, 2020 that included significant budget cuts, the highest percentage of which were attributed to DBHDD. These cuts to the agency largely impact services for adults with DD, as well as child and adult mental health services.

Additionally, the participating provider agencies have experienced turnover at all levels, but particularly within mid-level management. This included many people who were trained to implement Therap, an electronic documentation system for people with intellectual disabilities, and staff members who were responsible for drafting one of the Georgia Living Well team’s training interventions. While the full impact is still unknown, the team anticipates challenges to their planned approach to examine the impact of staff training on individual outcomes due to provider agency closures and staff turnover due to COVID-19.

Despite state budget challenges, the Georgia Living Well team has a strong working relationship with DBHDD. The number of vacancies among direct support professional (DSP) staff within provider agencies is high, with the more progressive models of support being the most challenging. Leadership from DBHDD are working with UGA IHDD to address provider recruitment and retention issues within Georgia. Leadership from DBHDD also expressed willingness to support a proposal for increased funding for state DD services, and they asked the Georgia Living Well team to convene a group of stakeholders to identify and propose one key need to propose to state legislature.

STATE CONTEXT IN GEORGIA



V. Model and Objectives

The Georgia Living Well team is working to improve outcomes for individuals with I/DD receiving support by targeting interventions to the direct support workforce. In order to achieve this, the Georgia Living Well team partnered with five providers to implement training and monitoring using the College of Direct Support (CDS) and Therap platforms.

The Georgia Living Well team's model objectives are to:

1. Increase staff knowledge and skill in supporting people with I/DD to be self-determined and included in the community through targeted training in Supporting Informed Decision-Making and Supporting Social Roles;
2. Create career paths through professional development for direct support staff to meet demand for services through the implementation of Direct Course's CDS and engagement with the National Alliance for Direct Support Professionals;
3. Enhance monitoring using Therap's electronic service tracking and reporting technologies including their Business Intelligence platform for data aggregation and trending; and
4. Develop a replicable collaboration between HCBS stakeholders to enhance quality.

VI. Key Activities by Core Components

A. Community Monitoring

Community Monitoring includes efforts to develop a comprehensive system to monitor the health and well-being of individuals with I/DD living in a variety of home and community-based settings. The following are key activities reported by the Georgia Living Well team during this evaluation period with the main goal of addressing this core component:

Key Activity: Collect and Analyze Data using Therap



- Therap is a secure, HIPAA-compliant, and comprehensive electronic monitoring system for HCBS providers. It allows for the consistent and standardized documentation of incident reporting, medication management, goals, and outcomes. Each of the five participating provider organizations use Therap. The Georgia Living Well team analyzed the data across all providers to identify trends and determine the impact of their interventions.
- The Oracle Business Intelligence (BI) platform has multiple dashboards that can produce real time ad-hoc reports in Therap. The Georgia Living Well team primarily uses two dashboards in the BI platform: Data Driven Outcomes and General Event Reporting.
 - The Data Driven Outcomes dashboard allows for large scale data aggregation and assessment of outcomes across two measurement types (Important To and Important For) and five domains: Safety, Health and Wellbeing, Social Connectedness and Relationships, Meaningful Activities, Person-Centered Planning, and Choice.
 - The General Event Reporting dashboard, where incident reports and adverse incidents data are collected, allows for summary and longitudinal analyses of adverse incidents at all levels of organizations. The dashboard also has the capacity to input existing state level data to support comparative analyses. Providers enter day-to-day service data that are distributed to the internal quality assurance team. Raw data can be filtered and analyzed to look at incidents by program, the types of incidents occurring, and the number of incidents per individual. This information will help the Georgia Living Well team better understand how to allocate resources as well as identify which individuals in the system require special attention. In response to COVID-19, Therap created a portal for users within the General Event Reporting that hosts resources for responding to COVID-19 and a means for tracking COVID-19 cases.

B. Community Capacity Building

Community Capacity Building includes efforts to increase the skills and knowledge of all individuals, families, and service providers in the HCBS system. The following are key activities reported by the Georgia Living Well team during this evaluation period to address this core component:

Key Activity: Implement Training through the College of Direct Support



- The CDS is a platform that hosts a range of courses and training programs targeted at providers and DSPs. The Georgia Living Well team is working closely with five local provider agencies to develop three tracks in CDS for staff: new hire track, existing staff track, and the frontline supervisor track. In addition to the development of these tracks, the providers created several of their own modules, including: Behavioral Supports and Crisis Intervention, Person-Centered Planning, Community Inclusion, Crisis Prevention, and Documentation of Fire, Safety, and Evacuation. The DSPs and other agency staff began CDS courses on October 1, 2018, and the Georgia Living Well team regularly monitors the number of courses completed and modifies trainings as necessary based on feedback.
- The CDS includes on-the-job assessments measure the extent to which individuals enrolled in a course can demonstrate what they have learned in daily practice.

Key Activity: Implement Supporting Informed Decision-Making Training



- The Georgia Living Well team, with the support of an assistant trainer, delivered Supported Informed Decision-Making trainings in-person to DSPs and frontline supervisors two years consecutively. The purpose of these trainings is increase staff knowledge and skills in supporting individuals with I/DD to be self-determined and included in the community. Through these trainings, staff of participating organizations learn how to support individuals with I/DD in achieving personal goals related to choice, independence, community integration, and productivity. At the end of

each training, the team conducts an evaluation and then refines the training based on feedback. This process ensures that the training remains beneficial and relevant for the staff.

Key Activity: Implement Supporting Social Roles Training



- The Supporting Social Roles training was delivered in-person to DSPs and focused on what social roles are, how social roles can be supported, and how these roles can support community inclusion. The training walks the DSP through the person-centered process of identifying and filling social roles of individuals with I/DD in the community. Additionally, the training provides strategies DSPs can use to make and sustain community connections for the people that they serve.

Key Activity: Conduct Annual DSP Staff Survey



- Each year, the Georgia Living Well team distributes a survey among the five provider partners that assesses the type and nature of services provided, participation in staff training, staff retention and turnover rates, and staff pay, bonuses, and incentives. Data are analyzed annually, and key trends are identified and shared with the provider agencies.

VII. Analysis and Conclusion

A. Contextual Factors

Changes in leadership within the state of Georgia prompted new priorities among agencies, and COVID-19 only exacerbated challenges posed by these changes. The resulting budget alterations pushed UGA IHDD to reassess how their provider partners most effectively deliver services to individuals with I/DD, particularly given the magnitude of staff turnover over the past several months. The willingness of DBHDD to rally behind UGA IHDD's work, however, is a promising practice that sets a precedent for the Georgia Living Well team's work in the state. The agency's enthusiasm to support future funding and address provider retention issues marks an opportunity for future collaboration on initiatives that support the Georgia Living Well team's objectives.

B. Model Design

The Georgia Living Well team works closely and collaboratively with five provider agencies within the state to understand the current landscape of the direct support workforce. Through their partnerships, the team has been able to distribute a number of tools and resources to direct support staff to create sustainable career paths and support professional development. Self-advocates and family members are also represented in Georgia Living Well teams to ensure a lived experience is reflected in project activities, thus putting more resources into the most relevant areas of need.

C. Key Activities

Efforts to support providers yield positive results for people with disabilities in the state. Providers have various opportunities to provide feedback on project activities, which ensures adequate content is offered and providers leave with tangible skills to impact systems change. Beyond these feedback mechanisms to inform training improvements, the Georgia Living Well team utilizes reporting tools to track and analyze critical incidents. Monitoring incidents, identifying trends, and providing subsequent data driven recommendations informs best practices for sustainability and scalability beyond the Living Well grant. Overall, the Georgia Living Well team uses a multitude of reporting strategies to achieve Living Well goals and implement related practices across stakeholder groups to ensure continuation of Living Well values even after the grant ends.